

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **107031685**

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | 1 | | |
| 3 | | 2 | | 1 | | |
| 4 | | 1 | | 1 | | |
| 5 | | 1 | | 1 | | |
| 6 | | 1 | | 1 | | |
| 7 | | 0 | | 1 | | |
| 8 | 1 | | 1 | | | |
| 9 | | 1 | | 1 | | |
| 10 | | 2 | | 1 | | |
| 11 | | 2 | | 2 | | |
| 12 | | 0 | | 2 | | |
| 13 | | 0 | | 2 | | |
| 14 | | 0 | | 1 | | |
| 15 | | 0 | | 1 | | |
| 16 | | 0 | | 2 | | |
| 17 | | 0 | | 2 | | |
| 18 | | 0 | | 2 | | |
| 19 | | 0 | | 2 | | |
| 20 | | 0 | | 2 | | |
| 21 | | 0 | | 2 | | |
| 22 | | 0 | | 2 | | |
| 23 | | 0 | | 1 | | |
| 24 | | 0 | | 1 | | |
| 25 | | 0 | | 1 | | |
| 26 | | 0 | | 1 | | |
| 27 | | 0 | | 1 | | |
| 28 | | 0 | | 1 | | |
| 29 | | 0 | | 2 | | |
| 30 | | 0 | | 1 | | |
| 31 | | 0 | | 1 | | |
| 32 | | 0 | | 1 | | |
| 33 | 1 | | 1 | | | |
| 34 | | | | 2 | | |
| 35 | | | | 2 | | |
| 36 | | | | 1 | | |
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| TOTAL IND. | 3 | | 3 | | | |
| TOTAL DEP. | 26 | | 48 | | | |
| TOTAL CLAIMS | 29 | | 51 | | | |

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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |